

Date: [Date]

To: [School Principal Name / Nurse Name / Section 504 Coordinator]

[School Name]

[School Address]

Subject: Dietary Accommodation Request for [Student Name] - Post-Surgery

Dear [Recipient Name],

This letter is to inform you that [Student Name] is returning to school on [Date] following a recent surgical procedure. To ensure a safe recovery, [Student Name] requires specific dietary modifications and accommodations while on campus.

Based on medical necessity, please implement the following accommodations:

- **Dietary Restrictions:** [e.g., Clear liquids only, soft foods only, low-fat, or specific calorie requirements]
- **Meal Schedule:** [e.g., Needs to eat small, frequent meals every 2-3 hours]
- **Hydration:** [e.g., Must have access to a water bottle at all times and frequent bathroom breaks]
- **Supervision:** [e.g., Requires monitoring during lunch to ensure compliance with restrictions]
- **Storage:** [e.g., Permission to store specialized medical shakes or meals in the school nurse's refrigerator]

These accommodations should remain in place until [Date or "further notice"]. I have attached the official medical orders from [Surgeon/Doctor's Name] for your records.

Please let me know if you need any additional documentation or if we need to schedule a meeting to discuss these needs further.

Sincerely,

[Parent/Guardian Signature]

[Parent/Guardian Printed Name]

[Phone Number]

[Email Address]